Menstrual Health and Hygiene: A Sociological Study of Practices and Restrictions among Rural Women of Hathras District

SYNOPSIS

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Introduction

The biological differences between the body of men and women are natural. The human body undergoes numerous changes and development throughout their life span. The stages of human development include pregnancy, infancy, toddler years, childhood, puberty, adolescence, adulthood, middle age and senior years. During these stages changes include body structure, aptitude, intelligence, height, weight, hair color and sexual orientation. Among these stages, there is a stage called adolescence. Adolescence is a stage of human development as defined by **World Health Organization**, "It is the period between age of 10 to 19 year, which is characterized by human growth and development" (WHO, 2012). It can also be referred as second decade of life and is important phase of life span. In other words, "Adolescence is the age when the individual becomes integrated into the society of adults. The age when the child no longer feels that he is below the level of his elders but equal at least in rights" (Freud, 1962). However, the timing and pace of changes may vary from individual to individual.

Adolescence generally occurs with puberty, a biological phenomenon. During puberty there are various physical changes takes place in girls and boys. Puberty begins approximately at the age of 9 years. There is development of reproductive organs and secondary sex characteristics i.e., physical growth, change in voice, hair growth, menstruation in female around 13 to 14 years (George, 2016). When they experience their first period this phenomenon is known as 'menarche'. According to Vedas, lord Indra has killed a Brahman in anger and the women took upon themselves, the guilt of lord Indra in the form of monthly menstrual flow. In some societies ceremonies are also performed as in south India known as the '**Ritukala Samskara**' ceremony or '**Ritu Shuddhi**' that is performed by hindus to celebrate the girls menarche (Jensen, 2015). Another example in Assam '**Ambu Bachi**' mela held which is all about earth's menstruation in the month of June every year. The annual menstruation course of the goddess 'Kamakhya' is worshipped in the Kamakhya temple.

Menstruation is the term which is derived from Greek terminology 'menses' which usually refers to the cycle of the moon around the earth which takes around 28 days. It generally ranges from 5 to 7 days, it turns a girl into a women by enabling them to develop fertility prospects. It is a normal vaginal bleeding that occurs as a part of woman's monthly cycle. The menstrual blood is partially blood and partially tissues. Periods usually start between age 11 and 14 and continue until menopause at about age

51. They usually last from 3 to 5 days during menstruation we may have lower back pain, mood swings, irritability, headache, fatigue, abdominal or pelvic cramping pain, emotional and physical symptoms can be seen before the period due to premenstrual syndrome as bloating, acne, trouble sleeping etc. (Torondel et al., 2018).

Menstruation: Practices, Restrictions and Social Taboos

Every month millions of adolescent girls around the world face a miserable cycle of pain, discomfort, shame, anxiety and isolation when their menstrual period arrives. In many low income and middle income countries access to sanitary products such as pads, tampons or cups are limited and girls often resort to using proxy materials such as mud, leaves or animal skins to try to absorb the menstrual flow.

According to National Family Health Survey, It is estimated that in India 64% women of age 15-24 years use sanitary napkins, 50% use clothes and 15% use locally prepared napkins. Overall, 78% of women in this group use hygienic methods of menstrual protection. (NFHS - 5, 2019 - 21)**.**

Practices - Different practices related to menstrual taboos restrict females from areas of sanitation and hygiene facilities to manage their periods. Menstruating girls and women in India used old cloth which is often reused. Newspapers, ashes, dried leaves and husk and sand are also being used during period. Such practices increase the morbidity and mortality rate of females in reproduction age as they are deprived of basic facilities and medical treatment. Thus it is a violation of right to health and right to water and sanitation.

Restrictions - According to **Tata Institute of Social Sciences**, In India, 80% Indian girls are not allowed inside religious places when they are menstruate. Approximately 30% girls are made to sleep in separate room. In U.P., 85% of girls use old, tatters pieces of cloth during menstruation. In UP, 28 lakh adolescent girls miss school every month (TISS, 2016). Some Social taboos are -

- Common period taboos include the idea that women are impure, dirty or sinful while they are menstruating.
- Women are allowed to live in one corner of the room for 3-4 days.
- Women are not allowed to go to the kitchen.
- Women are not allowed to go to temple.
- Women are not allowed to take bath for 3-4 days.

- Don’t comb! Don’t touch Pickle! Don’t collyrium (kajal) and many more.

Such taboos impact on girl’s and woman’s emotional state, mentality and lifestyle and most importantly large number of girls dropout in schools. These myths also create obstacles for rural women. The gender unfriendly school culture, infrastructure and the lack of adequate menstrual protection for female teachers and girls undermine the right of privacy due to these myths. The knowledge level and understanding of puberty, menstruation and reproductive health are very low (Gupta, 2018). **Sustainable Development Goals, 2 & 3** are related to it. SDG 2 is about universal primary education but menstruation is an important cause of absenteeism and even school dropout. SDG 3 is about promoting gender equality, but due to taboos and misconceptions gender inequality exists.

SDG **5 and 7** are about maternal health and environmental sustainability respectively. But without menstrual hygiene these sustainable menstrual goals cannot be achieved (George, 2016). A survey conducted under the **Integrated Child Development Services (ICDS)** scheme by the **Ministry of Women and Child Development** reported that more than one-fourth of total girls enrolled in class VI-VIII drop out of school as soon as they hit puberty (MoWCD, 2018 - 19).

Cultural perspective related to Menstruation

Menstruation is being perceived as unclean or embarrassing in many traditional religions.

Different cultures view menstruation in different ways. Menstruating girls and women are also restricted from offering prayers and touching holy books and hence the food they prepare or handle can get contaminated. It is assumed that during menstruation the body emits some specific smell or ray, which turns preserved food bad. As in Hinduism, women are not allowed to do any religious work during menstruation cycle.

In Islam, they can’t offer Namaj and can’t touch Quran (Kaundal and Thakur, 2015). In Jainism, women does not permit to cook or attend temples while menstruation. In Buddhism, it is a natural physical excretion that women have to go through on a monthly basis, nothing more or less. And In Sikhism, it is a god given process. She is free to visit a Gurudwara and can take part in prayers.

Menstrual hygiene challenges faced by women in rural areas According to **United Nations International Children’s Emergency Fund,** ‘**Menstrual Hygiene Management’ (MHM),** programming that helps girls and women manage their monthly periods safely and with dignity, focusing

on the fact that menstruation is a normal biological process and an important facet of reproductive health. It aims at improving girls and women's access to knowledge about menstruation and providing appropriate hygienic sanitary facilities and materials in schools and homes. Programs include addressing cultural taboos, increasing access to affordable and hygienic sanitary materials facilitating disposal options access to safe and private toilets and provision of clean water and soap for personal hygiene (UNICEF, 2020). As per **World Health Organization,** "India is responsible for 27% of all cervical cancer fatalities worldwide, poor menstrual hygiene is the main cause" (WHO, 2020). In rural India, women hardly come up with problems associated to menstruation and don't feel comfortable talking about it because of culture, silence, taboos and beliefs.

Various studies had enlightened the need of strengthening the Menstrual Hygiene Management programmes in India, due to poor individual knowledge regarding physiological process, improper disposal etc.

- Societal restrictions during menstruation violate women's right to health, equality and privacy. Several anecdotes reveal that women and girls in rural area are kept in isolation, not allowed to enter religious places or kitchens, play outside or even go to schools during menstruation.
- Many people see menstruating women as a problem as they associate periods with inefficiency in work and reduced participation in the workforce.
- Mindsets, customs and institutional biases prevent women from getting the menstrual health care they need. Menstrual hygiene continues to be amongst the most challenging development issues today.
- Lack of adequate information on sanitation and hygiene facilities, can pose a major obstacle among rural women.

Conceptual Framework

Menstrual:- (It is an adjective form of Menstruation) some definitions are:

- **According to Webster Dictionary -** A cyclical discharging of blood, secretions and tissue debris from the uterus that recurs in non-pregnant breeding-age primate females at approximately monthly intervals and that is considered to represent a readjustment of the uterus to the non-pregnant state following proliferative changes accompanying the preceding ovulation (Menstrual, 2014).

- **According to Oxford Dictionary -** Connected with the time when a women menstruates each month (Menstrual, 2021).
- **According to World Health Organization -** Menstruation is the natural body process of releasing blood and associated matter from the uterus through vagina as part of menstrual cycle (WHO, 2020).
- **As per Chris Bobble (Feminist) -** Menstruation is socially perceived to be the essence of womanhood which upholds the binary and perpetuates her objectified and othered status (Bobble, 2010).

Health:-

- **According to Oxford Dictionary –** The state of being free from illness and injury (Health, 2021).
- **According to World Health Organization –** Health is a state of complete Physical, Mental and Social wellbeing and not merely the absence of disease and infirmity. In recent years, this definition has been modified slightly and it has been given a comprehensive form and health has been called an economically and socially useful life with physical, mental and social balance. Apart from this, it has been written in the report of WHO (1957) that in a genetic and environmental condition such as quality level of human life in which all the tasks are being performed by him in a reasonable smoothly is called health (WHO,1948).
- **As per Dr. Rene Dubos –** He defined health as an undertaking of life that enables a person to live in adversity and in an imperfect world and paves the way for a happy life (Dubos, 1959).
- **According to Sociologist Michel Foucault –**

  Health is a relative equilibrium of the body structure and function which successfully keeps the body balanced and alive in any adverse situation. Health is not a passive process between the internal components of the body and the factors that hurt them, but an active process of establishing harmony between the two (Foucalt, 1976).

Hygiene:-

- **According to Webster Dictionary -** A science of the establishment and maintenance of health (Hygiene, 2014).
- **According to Oxford Dictionary -** The practice of keeping yourself and your living and working areas clean in order to prevent illness and disease (Hygiene, 2021).

- **According to World Health Organization -** Hygiene is a series of practices performed to preserve health (WHO, 2020).
- **According to United Nations Children's Fund** - The science that deals with the preservation of health. A condition or practice conducive to the preservation of health, cleanliness, poor, hygiene can lead to health issues (UNICEF, 2017).

Rural women:-

Rural women are key agents for development. They play a catalytic role towards achievement of transformational economic, environment and social changes required for sustainable development. But limited access to credit, health care and education are among the many challenges they face.

- **According to Oxford Dictionary** - Rural means "connected with or live the countryside" (Rural, 2021).

Some of the Definitions of Woman:-

- **According to Census 2011** - Women in the reproductive age group (15-49) years (Census, 2011).
- **Biological Definition of Woman** - An individual of the sex which conceives and brings forth young or (in a wider sense) which has an ovary and produces ovary.
- **Social Definition of Woman -** An adult female person.

Other Keywords:-

- **Practices** - Social practices refers to everyday practices and the way these are physically and habitually performed in (much of) a society.
- **Restrictions** – A restriction attributed to social policy of barriers (structural and attitudinal) that limit individuals, particularly from performing specific tasks or that deny them access to the services and opportunities associated with full participation in society.

Theoretical Orientation

- **Functional Perspective:** According to the functionalist perspective of sociology each aspect of society is interdependent and contributes society's stability and functioning as a whole. For achieving stability and productivity gender inequality is must, Menstruation is the integral part of women life .Therefore, we should maintain it with dignity. Many primitive cultures associate menstrual blood with great powers especially black magic. Durkheim argued that human religion

emerged originally in connection with menstruation. His argument was that collective ritual action could establish simultaneously the institutions of totemism, law, exogamy and kinship in addition to distinctively human language and thought. “All blood is terrible, and all sorts of taboos are instituted to prevent contact with it”. Once menstrual blood had been linked with the blood of the hunt, it became logically possible for a hunter to respect certain animals as if they were his kin ,this being the essence of ‘totemism’.Within the groups shared blood resided its ‘god’ or ‘totem ,from which it follows that the blood is a divine thing. When it runs out, the god is spilling over (Durkheim, 1912).

- **Conflict Perspective:** The conflict perspective refers to the inequalities that exists in all societies globally .Every society is plagued by inequality based on social differences among the dominant group and all of the other groups in society. Due to the dominance of Patriarchy many taboos, myths and misconceptions exist regarding menstruation. And in rural areas women are unable to purchase sanitary napkins because of the unequal economic disparity. **Commodification** is the process of transforming objects, ideas and even people’s taboo power into exchange values. Commodification of menstrual products by the female industry. Menstrual commodification, coupled with medicalization of menstrual discourses focusing on personal hygiene, created a potentially viable marked into the late 19th century for the commodification of menstruation (Mandziuk, 2010).
- **Symbolic Interactionism Perspective:** Symbolic interaction perspective is a sociology theory that seeks to understand humans’ relationship with their society by focusing on the symbols that helps us give meaning to the experiences in our life. ‘Stigma’ is a set of negative and often unfair beliefs that a society or group of people have about something (Britannica Dictionary). Social taboo and gender stereotypes ‘stigmatize’ menstruation as dirty, many people experiences menstruation with shame and without access to the resources needed to manage their menstrual health safely. Through the cultural belief thatmenstrual blood is a repugnant bodily fluid, menstruation discredits the female body by marking women as stigmatize (Goffman, 1963).
- **Feminist Perspective:** As per Simmons De Beauvoir states, “Menstrual blood does not make women impure, it is the social context that makes menstruation a curse”. She argues that “It is thus not lack of cleanliness or health that causes objection but what disturbs identity system order what

does not respect borders, positions rules" (Beauvoir, 1952). Menstruators were deemed to be a 'source of pollution' prior to the late 19th century, it was this time that menstruation became characterized as 'The curse' (Bobbel, 2010). Equality of women is necessary as a basic condition of Social, Economic and Political development of the nation (Mazumdar, 2007). Adolescent girls have average knowledge of menstrual hygiene, formal and informal channels of communications should take efforts to deliver information on menstrual hygiene (Mead, 1928).

Review of literature

- **Dasgupta A and Sarkar M (2007)** conducted cross sectional study on **"Menstrual Hygiene: How Hygienic is the Adolescent Girl?".** In their article they revealed that menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes results into adverse health outcomes. They found that out of 160 respondents 67.5% girls were aware about menstruation prior to attainment of menarche. Mother was the first informant regarding menstruation in case of 37.5% girls. 86.25% girls believed it as a physiological process. 48.75% girls knew the use of sanitary pad during menstruation. For cleaning purpose, 97.5% girls used both soap and water. And most importantly 85% girls practiced different restrictions during menstruation. Educational television programs, trained school nurse /health personnel, motivated school teachers and knowledgeable parents can play a very important role in transmitting the vital message of correct menstrual hygiene to the adolescent girls of today.
- **Shah P Shobha et al. (2013)** reported in their article "**Improving the quality of life with new Menstrual Hygiene practices among Adolescent Tribal Girls in Rural Gujarat"** that 90% of girls were using old cloths instead of sanitary napkin. The cloths were culturally acceptable as they are easily available, easy to use and cheaper than sanitary pads. They also stated that the Government of India has started a new scheme aimed at offering sanitary pads of a subsidized rate to rural area girls but 68% of girls said their first choice was cloth.
- **Paria Baisakhi et al. (2014)** revealed in their article **"A comparative study on Menstrual Hygiene among Urban and Rural Adolescent girls of West Bengal".** They compared the perceptions of

different aspects of menstrual hygiene between Rural and Urban adolescent girls. They concluded that the hygienic practices during menstruation were unsatisfactory in the rural areas as compared to the urban area. All adolescent girls should be educated properly about hygienic practices and bring them out of traditional beliefs, misconceptions, and restrictions regarding menstruation.

- **Thakur Harshad et al. (2014)** mentioned in their article "**Knowledge, Practices and Restrictions related to Menstruation among young women from low socio economic community in Mumbai, India"** that menstruation has always been surrounded by different perceptions throughout the world. There are differences between countries, cultures, religions, and ethnic groups. According to them in many low income countries women and girls are restricted in mobility and behavior due to their impurity during menstruation. Pain in abdomen (67%) was found to be the most frequent complaint during menstruation followed by headache/irritation (25.67%), loss of appetite (12.67%) & leg cramps (10.33%) and 17.67% of the adolescent girls reported excess bleeding.
- **Prajapati Jagruti and Patel Riddhi (2015)** studied on "**Menstrual Hygiene among Adolescent Girls: A cross sectional study in urban community of Gandhinagar".** In their article they emphasized education regarding reproductive health and hygiene should be given by anganwadi workers as well as included as a part of curriculum. Adolescent girls constitute about one fifth total female population in the world and it has been recognized as a special period which signifies the transition from girl to womanhood.Out of 88 respondents, 50% attained menarche at the age between 12-14 years. Maximum number of girls (65.95%) have blood flow for 2-5 days while 18.2% have excessive blood flow. Only 17% girls have correct knowledge regarding organ from where bleeding occurs while 33.1% girls were knew that menstruation is a physiological process. 21.6% girls believed that there is a toxin in menstrual blood. Around 30% girls were not using sanitary pad because of high cost. They found that relation between mother's education and knowledge regarding menstruation before menarche was not satisfactory.
- **Ministry of Drinking Water and Sanitation, GOI (2015)** national guidelines on **"Menstrual Hygiene Management"** it is also an integral part of the Swachh Bharat Mission. It outlines what needs to be done by state government, district administrators, engineers and technical experts in line departments, school head teachers and teachers. Every adolescent girl and woman and their families

including men and adolescent boys must have awareness, knowledge and information. Every adolescent girl and woman must have easy access to sufficient, affordable and hygienic menstrual absorbents during menstruation. Printed and verbal information about menstruation and menstrual hygiene management is crucial for girls. Hygienic menstrual absorbents helps adolescent girls to manage menstruation effectively, safely and comfortably. Freedom from the fear of leakage or unpleasant odor increases a girl's ability to be at school during menstruation. Girls cannot predict when menstruation will start, therefore schools should have a ready supply of sanitary napkins or clean cloths. In some states, such as Tamil Nadu and Andhra Pradesh, sanitary napkin vending machines are installed in schools in partnership with local NGOs. School health clubs are in charge of maintenance.

- **Ministry of Health and Family Welfare, GOI (2016)** suggested on **"Menstrual Health in India: An update"** ensuring that use of disposable sanitary napkins has given rise to the issue of safe disposal of used napkins. Ministry of chemicals and fertilizers has come out with an oxo biodegradable sanitary napkin called 'Suvidha'. This napkin disintegrate after disposal but requires contact with oxygen. This can be a boon as otherwise disposable sanitary napkins can take up to 500 years to disintegrate. But robust studies on all these new products is mandated prior to expansion in the sector of public health. While efforts in Menstrual Health Management are laudable there is still a long way to go. MHM gives a good entry point for discussion on other issues related to sexual and reproductive health. MHM is not a commodity issue alone, it is a deep rooted cultural practice which will require sustained efforts which includes men and boys also.
- **Dudeja Puja et al. (2016)** concluded in their article **"A cross-sectional study to assess awareness about Menstruation in Adolescent girls of an Urban slum in western Maharashtra"**. The result shows that 90% of girls are having physical and health problems during menstruation. Also most of the participants have some kind of restrictions i.e., religious restrictions followed by physical and social restrictions. All the girls were unsatisfied with the toilets and hand washing facilities available in the schools.
- **Rokade HG & Kumavat AP (2016)** studied on **"A cross sectional study on Menstrual Pattern and Menstrual Hygiene practices among Adolescent Girls"**. This study was conducted to know

the awareness about menstruation before menarche and the source of information to compare menstrual pattern and menstrual hygiene among adolescent girls of slum and non-slum area and also to find some socio-demographic determinants of menstrual hygiene. The conclusion of the study is Menstrual hygiene is an issue which needs to be addressed to all adolescent with special emphasis in slum area. More emphasis should be given on improving adolescent literacy for achieving hygienic menstrual practices.

- **Dingra Rajni et al. (2017)** conducted a study on to assess **"The Knowledge and Practices related to Menstruation among Tribal (Gujjar) adolescent girls"**. They collected the samples from various areas from Jammu District of Jammu and Kashmir State. The result shows that 83% of study sample get common information about menstruation from their friends. 98% of the girls believed that there should be no regular bath during menstrual cycle. In their study they emphasized on improvement of adolescent reproductive health.
- **Mahajan Anjali and Kaushal Kanica (2017)** in their article **"A descriptive study on to assess the Knowledge and Practice regarding Menstrual hygiene among Adolescent Girls of government school of Shimla, Himachal Pradesh".** They did descriptive cross sectional study on 100 adolescent girls from class 9^{th} to 12^{th} of government school girls in Shimla, where they found that 29% of girls had adequate knowledge about menstrual hygiene, 71% had inadequate knowledge about menstrual hygiene. They encouraged safe and hygienic practices among the adolescent girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation. The investigators improved the general awareness about cause of menstruation and the organs involved. Early awareness can prevent students from suffering from the various reproductive tract infections.
- **UNICEF (2019**) reported on **"Guidance on menstrual health and hygiene".** Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls, women, transgender men and non-binary persons of the reproductive age. Many adolescent girls face stigma, harassment and social exclusion during menstruation. Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services like toilets and sanitary products can all cause menstrual health and hygiene needs to go unmet.

- **Kumar Mukesh (2018**) in his book **"Period and Emotion"** he talked about mood swings when period starts, women feel tensed and stressed, slowly this problem becomes big and the entire family gets destroyed. If the family is aware and discussed this with each other then there is a chance of less problems in their life. Author explained that in some parts of India, some strict dietary restrictions are also followed during menstruation such as sour food like curd, tamarind and pickles are usually avoided by menstruating girls. As far as the exercise is concerned, many studies in India and elsewhere have revealed, doing physical activity during menses aggravate the dysmenorrhea.
- **Omidvar Shabnam et al. (2018**) in their article **"A study on Menstruation of Adolescent Girls in an urban area of South India"** stated that menstrual irregularity are more prevalent among adolescent girls. Common menstrual symptoms are tiredness, backache, and headache. According to this article dysmenorrhea is increasing in the population; such sufferings would affect the productivity among females. Therefore, it can be stated that a comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance. Awareness regarding the need for information about healthy menstrual practices is on rise among young women. It is probable that a mechanism be introduced to provide knowledge about menstrual health and self-maintenance among women.
- **Deshpande Tanvi et al. (2018)** in article **"Menstrual Hygiene among Adolescent girls: A study from Urban Slum Area".** In their cross sectional study suggested that lack of water supply majorly affects the status of hygiene. In their study a majority of 79% of girls used common public toilet and only 21% had separate individual toilets. It is strongly believed that an educated woman is a first teacher of family that is why education of the mother and the adolescent girl is very important. When the whole family is in acquaintance with the phenomenon of menstruation, age old restrictions, traditional perceptions, false beliefs and wrong attitude can be effectively eliminated.
- **Kaur Rajanbir et al. (2018)** studied on **"Menstrual Hygiene, Management and Waste Disposal: Practices and Challenges faced by Girls/Women of Developing Countries"** stated that one of the main reason why menstruation is a taboo and menstruation hygiene is neglected is gender inequality. Unequal rights given to men and women result in women's voices being ignored within households and communities and in developing programmes. Decisions related to constructing

toilets in houses are also taken by male members. Older girls had better hygienic practices than the younger ones. Seventy six percent of the participants desired for more information regarding menstruation and hygienic practices. They concluded that a variety of factors are known to affect menstrual behavior.

- **Sinha Rabindra and Paul Bobby (2018)** in their article **"Menstrual Hygiene Management in India: The Concerns"** emphasized that in India, number of women in the reproductive age group (15 to 49 years) is more than 31 crores (census 2011). 62% women are using cloth which can be reused after washing, cleaning and drying. According to them corporate sectors can effectively contribute by supporting behavior change initiatives, manufacturing and disposal of low cost sanitary pads. Importantly, mechanism for monitoring the quality of the products should be put into operation.
- **World Bank (2018)** reported on **"Menstrual Hygiene Management enables Women and Girls to reach their full potential".** It has been said that promoting menstrual hygiene is not only sanitation matter, it is also an important step towards safeguarding the dignity, bodily integrity and overall life opportunities of women and girls. In many societies around the world, taboos associated with menstruation, combined with culture of silence around the topic limit the ability of women and girls to fully and equally participate in society and undermining their overall social status and self-esteem. Menstrual hygiene day is an annual awareness day on May 28, to help break the silence and build awareness about the fundamental role that good Menstrual Hygiene Management (MHM) plays in enabling women and girls to reach their full potential. At least 500 million women and girls globally lack adequate facilities for MHM. The lack of separate toilets with doors that can be safely locked.

  The unavailability of means to dispose off used sanitary pads and water to wash hands means that women and girls face challenges in maintaining their menstrual in a private, safe and dignified manner.
- **Ministry of Environment, Forest and Climate Change, GOI (2018)** under central pollution control board reported on **"Guidelines for management of sanitary waste"** as per solid waste management rules, 2016 manufacturers, brand owners or marketing companies of sanitary napkins

and diapers shall explore the possibility of using all recyclable materials in their products or they shall provide a pouch or wrapper for disposal of each napkin or diapers along with the packet of their sanitary products. As per MHM guidelines, safe disposal means ensuring that the process of destruction of used and solid materials is done without human contact and with minimal environmental pollution and unsafe disposal means throwing used cloth into ponds, rivers or in the fields exposes others in the area to decaying material should be avoided. Adequate water and space inside the toilet should be ensured for the women users to change napkins/cloth and to wash themselves.

- **Anand Ananya (2019)** in her book **"Menstruation: A Consciousness that is experienced unconsciously".** She explained about the ceremony performed in South India known as the 'Ritu Kala Samskara' ceremony or 'Ritushuddhi' that is performed by Hindus, to celebrate the first step of a woman towards maturity and spirituality. This is the time when she is considered a young woman not just physically but also spiritually. It is better to not only accept but also realize the fact that a woman is the creator of a universe. According to author besides, negative attitude towards menstruation there is positivity exist also as Ambubachi Mela which is held in Assam annually for celebrating menstruation.
- **Joseph Sinu (2019)** in book **"Women and Sabarimala: The science behind Restrictions".** Sabarimala temple has been conceived with the intention of making it possible for devotees to experience spiritual enlightment, through all the rules, austerities and restrictions imposed during the 41 days of the 'Vrata'. The practice of being able to contain sexual energy and withhold the human seed is at the core of this experience. Therefore, if women in the menstruating age take the Ayyappa Vrata and enter Sabarimala, they will experience the withholding of the seed as a struggle to menstruate, resulting in menstrual and reproductive disorders. According to the way in which these spaces impact men and women, customs and traditions have been arrived at recognizing this difference and appreciating the possibilities available to both men and women are crucial if one is serious about spirituality.
- **Barnett Emma (2019**) in her book **"It's about bloody time".** During our menstrual cycle, it is best to stay away from tight clothing and fabrics that don't breathe such as, synthetics because they

can trap moisture and heat, allowing germs to thrive. To stay fresh and dry, wear cotton underwear and loose-fitting clothing. According to the World Health Organization, India is responsible for 27% of all cervical cancer fatalities worldwide. According to the author, in India, the incidence rate is over twice that of the rest of the world. And doctors researching the condition believe that poor menstrual hygiene is largely to blame. Girls and women can maintain good menstrual hygiene by knowing what product or material to use, how often to change it, and having access to WASH (water, sanitation and hygiene) facilities. The first step in avoiding potential health concerns is to be aware of them.

- **Sonowal Pranjal and Talukdar Kaushik (2019)** done cross sectional study on **"Menstrual Hygiene Knowledge and Practices amongst Adolescent Girls in Urban slums of Dibrugarh town".** They explained that women as well as girls of reproductive age need to access the use of clean and soft absorbent sanitary products and practice of cleaning of genital area during the time of menstruation. Inadequate menstrual hygiene is a very important risk factor for reproductive tract infections. Amongst the 150 adolescent girls it was found that the mean age of the study subject was 15.53 + 2.094 years, while their age range was from 10-19 years. The mean age of menarche in the study subjects was 12.35 + 1.235 years. It was evident that only 49.3% of the participants were aware about menstruation before menarche and the most important source of their information were from their mothers and sisters, 47.2% followed by friends and relatives.
- **Kalita Debadeep and Pathak Giridhar (2019)** in article **"Study on Hygiene Practice among Adolescent Girls with special reference to Menstrual Hygiene in Barpeta, Assam"** they revealed that 92% of the respondents knew about menstruation before menarche. Menstruation is still considered as unclean in the Indian society. They did community based cross – sectional study involving 200 adolescent girls of Barpeta. In their study 1.5% girls considered menstruation as a disease process, 81.5% girls used commercially available sanitary pads and 78.5% girls cleaned external genitalia with soap and water, 57.5% respondents avoided attending religious occasion and kitchen work also.31.5% avoided marriage party and 30.5% of them were sleeping separately and most importantly 46% of the respondent avoided sour food during menstruation, although awareness

regarding menstrual hygiene is quite satisfactory in majority of the respondents yet false perceptions, ignorance and unsafe practices are still prevailing in the community.

- **Gera Niraj (2019)** in her article **"Menstrual Hygiene: A challenging development issue"** concluded that illiteracy, poverty and lack of awareness are the major reasons behind menstruation still being a taboo in the society. A women's menstrual is crucial to her well-being and also to the well-being of her community. The cultural and social influences on people create a major hurdle in ensuring that the adolescent girls are given proper knowledge on menstrual hygiene. On a global level, at least 500 million women and girls lack adequate facilities for menstrual hygiene management. Lack of adequate information on sanitation and hygiene facilities particularly in public places like school, workplace or health centers can pose a major obstacle to women and girl.
- **Jalan Anurita et al. (2020)** in article **"A sociological study of the Stigma and Silences around Menstruation"**. According to them out of the 355 million menstruating women in India only 12% use sanitary pads. Women in India are forced to manage menstruation using cloth, ashes, newspaper etc. which are extremely unhygienic and often cause various problems. Poor menstrual hygiene can cause fungal infections, Reproductive Tract Infections (RTI) and Urinary Tract Infections (UTI). Unhygienic practices also leave women vulnerable to infertility. About 97 percent gynecologists in a survey explained that sanitary pads can act as a preventive measure against reproductive tract infections. The biggest barrier to adoption of quality sanitary pads in India turned out to be 'Affordability' and 'Accessibility'. Nearly 70% of women said that their families cannot afford sanitary pads.
- **Bindra Anahit (2020)** in article **"Barriers to access Menstrual Hygiene in Rural India"** did cross-sectional study in two villages Ucchera and Banjari of M.P. study showed that 88.57% of the participants reported that they were not allowed to perform any religious activities, visit their place of worship, cook or even enter the kitchen. Majority of participants buy their absorbent themselves however, the remaining 14.29% were ashamed or uncomfortable to do the same. Author revealed that almost half 48.57% of the girls changed their absorbent twice to thrice a day, followed by 14.28% who change it more than 5 times per day and 13.14% change it only once per day.

- **Joseph Sinu (2020)** in his book **"Ritu Vidya"** described that half of the girls are not aware of menstruation before menarche. Many girls were not aware of the cause of menstruation and source of menstrual bleeding. The conclusion was awareness regarding healthy menstrual practices is very important. It is essential to design a mechanism to address and gain the access of hygienic menstrual practices for adolescent girls. Author mentioned that menstrual hygiene was unsatisfactory among adolescent girls. Therefore, girls should be educated about the facts of menstruation and proper hygienic practices. Hence the various aspects of menstruation and menstrual hygiene should be studied separately. Early awareness regarding menstrual hygiene can prevent adolescent girls from suffering from the various reproductive tract infections.
- **Nabwera M Helen et al. (2021)** in her article **"Menstrual Hygiene Management practices and associated health outcomes among school going adolescents in rural Gambia"** explained about menstrual hygiene management is now a key public health priority for women and adolescent girls globally. They did school based cross sectional study that explored the knowledge and perceptions of menstruation in this community. Study showed that school absenteeism among adolescent girls is associated with inadequate Menstrual Hygiene Management.

Statement of the Problem

Menstruation is a natural phenomenon experiencing shedding of blood for 1 to 7 days every month from the age of maturity (10 to 12 years age). Every woman on an average experiences menstruation which is a mark of her reproductive potential. It is an important aspect concerning morbidity and mortality of the female population. According to the National Family Health Survey, women of age 15 – 24 years use hygienic methods of protection during their menstrual period such as locally prepared napkins, sanitary napkins, tampons and menstrual cups are considered to be hygienic methods of protection. 73% of rural women use a hygienic method of menstrual protection, compared with 90% of urban women (NFHS-5, 2019-21). Menstrual Hygiene management (MHM) remains depriotrized due to factors such as deep-seated social gender construct, cultural myths and discriminatory traditions. Menstruating women and girls in rural areas face challenges in due to several factors such as unavailability of hygiene products, poverty and social norms (Nielson, 2016). The unaccommodating social surroundings put them into a situation of discomfort, pain and great distress. Widespread restrictions as not allowed in

kitchen, temples etc. and negative perceptions around menstruation contribute to strong gender disparities in health, education and work participation. Taboos prevent them from washing their clothes publically and more importantly drying them in the sun, so they frequently use damp clothes which is unhygienic and hazardous to health. Hence the researcher decided to study the menstrual hygiene practices among rural women in Hathras district of Uttar Pradesh.

Significance of the study

In India, the number of women in the reproductive age group (15-49 years) is more than 31 crores **(census 2011).** The ability to manage menstruation hygiene is fundamental to the dignity and well-being of every woman. There may not be direct mention of menstrual health and hygiene as human rights but it is well recognized that poor Menstrual Hygiene Management can have a negative impact on critical social outcomes like empowerment, education, fertility, physical and mental health, economic independence and the environment. All menstruating girls and women deserve correct information and resources to manage their menstrual health. It has been observed that cultural beliefs of impurity is associated with menstruation. The study will help in generating and enriching knowledge and literature on restrictions, taboos and hygienic practices among rural women. This knowledge and literature may help in raise the awareness among rural women.

Objectives of the study

There are many objectives of the study. These are following:

- To study the socio economic challenges faced by rural women.
- To study the taboos and misconceptions about menstruation among rural women.
- To find out the prevailing menstrual hygienic practices among rural women.
- To explore the impact of social factors on the menstrual health & hygiene practices.
- To study the Government initiatives regarding menstrual health & hygiene.

Hypothesis of the study

- The male dominated society maintain the high status of masculinity by subjugating women and related issues. Therefore, socio- economic status is low.
- Many taboos and misconceptions are prevalent among rural women related to menstruation.

- Unhygienic menstrual practices are prevalent among rural women.
- Many social factors badly impact the menstrual health and hygiene practices.
- Some initiatives are being taken by Government regarding menstrual health and hygiene management.

Research Gap

Most of the studies have focused on the menstrual hygiene practices among adolescent girls in slums of urban areas. Some studies also analyzed hygiene management among rural adolescent girls and school going adolescent girls across the country. But the researcher in present study, will focus on the menstrual hygiene practices and restrictions among 'rural women'. The study will also evaluate myths and misconceptions among rural women regarding menstruation and how to deal with them.

Limitation of study

The present study will focus on the menstrual hygiene practices among women in rural area with special reference to Hathras district, although in a developing country like in India, there are other regions which requires study of taboos, myths, misconceptions and hygiene management among rural women, so that women can lead the life with dignity.

Research methodology

Research Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. In other words it is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives.

Research Design -

- The descriptive and exploratory research designs will be used.

Area of Study -

- The study will be conducted in Hathras district. The total population of Hathras district is **5,51,540** in which female population of rural area is **1,65,511** and of urban area is **91,086**. Male population of rural area is **1,91,017** and of urban area is **1,03,926**.

Universe -

- All rural women of age group (15-49) years living in sampled gram panchayat in Hathras district.

Table – 1 Blocks of Hathras District

Blocks		2 gram panchayats from each block	Female Population (in these gram panchayats)	Selected sample of age group (15-49)
1.	Hathras	Ram Nagla Tarfara	2610	52
2.	Mursan	Gubrari Jaitpur	2046	41
3.	Sasni	Jasrana Rampur	2858	57
4.	Sikandra rao	Birawar Bilar	1337	27
5.	Hasayan	Barsoli Gangapur	2530	50
6.	Sadabad	Naugawna Mansaya	7192	144
7.	Sahpau	Dhanauli Manikpur	2870	57
Total			**21,443**	**428**

Source – census, 2011

Sample of Study -

- The sample of the study will be rural woman of age group (15 – 49) years.

Sampling -

- Multi stage sampling will be used.
- Hathras districts consists 7 blocks. From each block 2 gram panchayat will be selected (14 gram panchayat) by simple random sampling method.
- By purposive sampling 428 women of age group (15 - 49) will be selected proportionately.

Sources of data collection -

- Both primary and secondary sources of data will be used for the study.

Tools of data collection -

- Primary data will be collected through interview schedule and secondary data will be collected through various sources like books, articles, authentic journals, newspaper, internet sites etc.

Statistical analysis -

- The researcher will use statistical method such as and tabulation for the collection of data.

Tentative Chapterization

Chapter 1

- Introduction

Chapter 2

- Research Methodology

Chapter 3

- Socio - Economic Challenges Faced by Rural Women.

Chapter 4

- Taboos and Misconceptions about Menstruation among Rural Women.

Chapter 5

- Hygiene Practices and Impact of Social Factors on Menstrual Health and Hygiene Practices among Rural Women.

Chapter 6

- Government Initiatives Regarding Menstrual Health and Hygiene.

Chapter 7

- Suggestions and Recommendations

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